

**HOLLYWOOD HILLS UNITED METHODIST CHURCH
HARRIETT G. KAEBNICK SCHOLARSHIP**

CONTINUING EDUCATION PROGRAM

PERSONAL INFORMATION

Full name _____ Date of Birth _____

Permanent address _____
street/box number _____
city state zip

Home phone _____ Cell phone _____ E-mail _____

TRAINING REQUIRED FOR YOUR CURRENT OR FUTURE POSITION

Briefly describe the recertification, advanced training, or recency-of-credit that you seek:

What accredited school/program will you attend? _____

What certificate/license will you receive from this course? _____

Will you be working during this period? _____ If so, where? _____

CHURCH MEMBERSHIP

Date you joined Hollywood Hills United Methodist Church _____
month/year

(Note: You must have been an active member for at least one year to be eligible.)

List three active members of this church (non-family) who will recommend you for this scholarship:

1. _____
2. _____
3. _____

CHURCH ATTENDANCE AND PARTICIPATION

Please attach on a separate sheet an essay that addresses the following items:

1. Describe your attendance and participation in our church. Mention dates of events and extent of participation.
2. Describe any special circumstances that you feel the committee should consider.

I understand that the Kaebnick Scholarship Committee encourages me to be a loyal and participating member of this congregation with "my prayers, my presence, my gifts, and my service."

I understand that, as an applicant for a Harriett G. Kaebnick Scholarship, I must schedule a yearly interview with the Scholarship Committee. Applicants should contact the chairman of the committee for an interview date.

My photo is attached. I agree that photos or movie clips in which my face is recognizable may be used for publicity unless I send the committee, in writing, a letter indicating that no photos or movie clips in which my face may be recognized may be used.

I certify that the information in this application is true and complete to the best of my knowledge and understanding.

Signature of applicant _____ Date _____

Please submit your application at least one month before you need the funds.

How much is your funding request? _____ Date you will need the funds _____

Church Contact Information

Address: Hollywood Hills United Methodist Church
400 N. 35th Avenue
Hollywood, FL 33021

Telephone: 954-989-8304
Fax: 954-989-1526